

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 131
Registered No. 6

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 25 Davis Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

2. Full name of child Amundus Quindra
3. Sex of Child Boy To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? Yes 7. Date of birth Jan 8 1929
Month Day Year
5. No., in order of birth _____

8. FATHER
Full name Amundus Quindra

9. Residence 25 Davis Canon
(Usual place of abode)
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 33 (Years)

12. Birthplace (city or place) San Miguel de Delibes
(State or country) Sonora Mex

13. Occupation Miner
Nature of industry

14. MOTHER
Full maiden name Adelida Barreros

15. Residence 25 Davis Canon
(Usual place of abode)
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 27 (Years)

18. Birthplace (city or place) San Miguel de Delibes
(State or country) Sonora

19. Occupation Housewife
Nature of industry

20. Number of children of this mother. _____ (a) Born alive and now living 4
(Taken as of time of birth of child herein (b) Born alive but now dead _____ certified and including this child). (c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum. Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Alone at 8 1/2 A.m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Alvin Cortez
(Physician or midwife).

Given name added from supplemental report.

Address 806 Sullivan St
Filed Jan 11 19 29 L. E. Jinn
Registrar.

Month, day, year
181-108-122
Registrar.

order of birth stated.